

Eight Ways to Help Maintain Healthy Administrative Processes

1. Go Electronic

There are three ways going electronic may save you time and money:

- Electronic Media Claims (ECM) – by filling claims electronically, you will receive your payments in about 14 days compared to 29 days via paper claims.
- Electronic Funds Transfer (EFT) is an electronic direct deposit that you should be using to receive your Medicare reimbursement more quickly. For more information, select the “Reference” section on the Medicare Provider Web site, click “Provider Enrollment” in the “Quick Find “ menu, and scroll down to the “Electronic Fund Transfer” link.
- Electronic Remittance Advice (ERA) is a big time saver for a provider’s office. ERA is software that automatically updates your patient accounts with claim payment and/or denial information. Check with your Practice Management System vendor to see if there is an auto posting feature using an electronic remittance file. For more information about EMC and ERA, select the “Electronic Data Interchange” tab on our Medicare Provider Web site, click on the “ Getting Started” menu.

2. Make Your Billing Service Company Work For You

Providers are ultimately responsible for claims and payments, even if they use a billing service company. We recommended that you conduct regular reviews of the charges that third party vendors submit to Medicare on your behalf. Helpful questions to ask include:

- What is the percentage of charges paid by Medicare?
- Do you have any claims pending over 60 days and what is the dollar amount pending?
- How many of your claims are rejected or denied monthly?
- Why and where are the errors occurring? Is it the billing company making the errors?

Consider having your billing company trend the data and report the outcome directly to you. If you are not using a billing service, have an internal process in place in which your staff monitors and reports this information to you on a regular basis.

3. Develop and Implement a Compliance Program

A compliance program can prevent, identify, and correct inappropriate activities of employees and/or billing companies. It could also reduce your exposure to liabilities and penalties. The Office of the Inspector General (OIG) provides information on implementing a compliance program as well as simple compliance programs models on its Web site at www.oig.hhs.gov. If a more sophisticated compliance program is needed, healthcare attorneys and consultants may also help.

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4. Pay Attention to Medical Documentation

Remember to document patient encounters thoroughly and maintain medical records in a format that facilitates efficient retrieval. Should you receive a request for medical records, respond promptly as a late response will result in claim denial. Be aware of the timeframe for filing an appeal and be clear on what you are appealing. Additional information on the appeals process is available in the “FAQ” section of the Medicare Provider Web site.

5. Compare the Health of Your Administrative Processes to Others

Providers and suppliers may request a Comparative Billing Report (CBR) which shows the type of comparable data that Medicare considers when determining how the provider business practice differs from other providers in the same specialty payment area or locality, and may potentially require educational intervention. A provider-specific CBR can be helpful when conducting self-audits by determining whether any changes need to be made to your billing practices. Ordering instructions are available on the “Quick Find” menu on the left column of the “Medicare Part A” and “Medicare Part B” tabs of the Medicare Provider Web site.

6. Check the Medicare Eligibility of Your Patients

Before filing with FCSO, verify if your patient has traditional Medicare or an HMO. Also, determine if Medicare is the primary or secondary payer.

7. Stay Current on Changes to the Medicare Program

The best way to stay current on billing guidelines and coverage policies is for you and your staff to sign-up for FCSO’s *eNews*, which electronically informs you of the latest Medicare news, information and resources available on the Web site. Sign-up today! From www.fcsso.com, click on “Florida Providers” and select “Join eNews” in the top-right corner of the site.

Other important tools available to you are:

- Centers for Medicare & Medicaid Services’ Web site at www.cms.hhs.gov.
- FCSO sponsored educational events, publications, and articles. Check out the “Provider Outreach and Education” section on our Web site at www.fcsso.com
- FCSO’s Learning Management System (LMS) – your gateway to our eLearning opportunities. Access the LMS at www.fcsomediacretraining.com

8. Keep Your Medicare Provider Enrollment Data Current

Make sure to keep your Medicare file updated with FCSO. Remember that you are required to notify Medicare within 30 days of making a change to your practice location, pay to address, etc. Ask Medicare to delete old provider numbers that you no longer use. Finally, If receiving payment via EFT, notify Medicare Enrollment prior to changing/closing the bank account to prevent payment disruption.